



## SELMA VENDOR APPLICATION

Vendor must complete and return form (please print or type) to be included on the City vendor reference list.

Today's Date \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

### COMPANY INFORMATION

☐ NEW BUSINESS START-UP ☐ BROUGHT EXISTING BUSINESS ☐ SECURED A FRANCHISE ☐ MERGER OR CONSOLIDATION  
OTHER (PLEASE SPECIFY) \_\_\_\_\_

### LEGAL STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED LIABILITY
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### TYPE OF BUSINESS

<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> PROFESSIONAL SERVICES	<input type="checkbox"/> BROKER
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> FINANCE	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> SERVICE	<input type="checkbox"/> DISTRIBUTORSHIP	<input type="checkbox"/> OTHER

COMPANY NAME \_\_\_\_\_ OFFICE # \_\_\_\_\_  
TITLE \_\_\_\_\_ FAX# \_\_\_\_\_  
COMPANY ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_  
SUITE# \_\_\_\_\_ PAGER# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_  
EMAIL \_\_\_\_\_ URL \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-MAIL \_\_\_\_\_

### DATE COMPANY FOUNDED

(MONTH/YEAR) \_\_\_\_\_

COMMODITIES AND/OR SERVICES PROVIDED \_\_\_\_\_

NUMBER OF EMPLOYEES ☐ 1-10 ☐ 11-25 ☐ 26-50 ☐ 50PLUS

GROSS SALES (2006) \_\_\_\_\_ PROJECTED (2007) \_\_\_\_\_  
EIN NUMBER \_\_\_\_\_ SIC CODE \_\_\_\_\_  
BUSINESS LIC. # \_\_\_\_\_ NAICS \_\_\_\_\_

### FINANCIAL INSTITUTION

<input type="checkbox"/> RBC CENTURA BANK	<input type="checkbox"/> CRAIG CREDIT UNION	<input type="checkbox"/> PEOPLE'S BANK
<input type="checkbox"/> REGIONS BANK	<input type="checkbox"/> WACHOVIA	<input type="checkbox"/> OTHER

### PERSONAL INFORMATION

HOME ADDRESS \_\_\_\_\_ HOME # \_\_\_\_\_ FAX # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SPOUSE/PARTNER \_\_\_\_\_

### HOW DID YOU HEAR ABOUT SELMA VENDOR PROGRAM?

☐ REFERRAL ☐ NEWSPAPER OTHER MEDIA ☐ INTERNET ☐ MAILING  
OTHER \_\_\_\_\_

WHERE DO YOU WISH YOUR IFB/RFP MAIL TO BE SENT? ☐ WORK ☐ HOME

### References

Agency Name \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
Agency Name \_\_\_\_\_ Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
GSA Contact \_\_\_\_\_ Yes \_\_\_\_\_ No State/County Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes contact # \_\_\_\_\_ If yes contact # \_\_\_\_\_

Business is : \_\_\_\_\_ Minority owned \_\_\_\_\_ Woman owned \_\_\_\_\_ Disabled owned Certifying Agency \_\_\_\_\_

DISCLAIMER: Although the City of Selma does not have a "set aside" program, every effort is made to allow the opportunity for small, minority, and women owned businesses to do business with the City of Selma. The City of Selma will actively participate in trade shows and other events to encourage small, minority, and women owned businesses to register as a vendor with the City of Selma and to submit responses to solicitations.

OFFICIAL USE ONLY	APPROVED:	DATE:	INITIALS
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VENDOR APPLICATION